Material & Methods
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The present study was conducted in patients suffering from prostatic enlargement, who were admitted to Maharani Laxmi Bai Medical College, Hospital, Jhansi from 1998-2000 patients of different ages ranging from 50 to 80 years or more evaluated thoroughly. The history was taken, clinical examination was done and findings were recorded in predesigned proforma in all the cases.

The following symptoms found in elderly male patients were attributed to prostatism.

1. Difficulty in micturition.
2. Increased frequency of micturition.
3. Dribbling or retention overflow.
4. Retention of urine.
5. Urgency in micturition.
6. Any other associated symptoms-fever, burning micturition, evidence of uraemia as loss of appetite, headache, nausea, vomiting etc were also carefully noted.

The History of all patients was taken and clinical examination was done, patients with symptoms of prostatism were subjected to digital rectal examination (DRE) of prostate gland and size of prostate noted.
In order to assess the nature of enlargement, on Digital rectal examination following physical characteristics were noted.

- Consistency.
- Presence of Nodularity.
- State of median groove.
- Mobility of the gland.
- Presence of post prostatic pouch of the Bladder.

Clinical diagnosis of benign prostatic Hyperplasia was based on findings of DRE. If gland was found to be uniformly enlarged, smooth, convex, elastic or firm in consistency, median sulcus maintained, rectal mucosa freely mobile over the gland and definitive degree of mobility of the gland and out coming finger is not blood stained.

**Investigations**

Following investigations were carried out in all the cases.

1. Blood
   - Hb%, TLC, DLC
   - Blood Sugar, Blood Urea, Serum Creatinine.

2. Urine
   - Routine --- Albumin & Sugar
   - Microscopic examination.

3. U/S Scan KU, B, P and Residual urine whenever possible.
Now patients were subjected to dynamic cystometry designed by the study.

For Cystometry following things were used

1. Central venous pressure manometer.
2. Foley’s triway catheter No. Fr 20.
3. Saline bottle.
4. Drip set.
5. Xylocan Jelly.

Preparation of patients for cystometry

Patients were told about the procedure that was being performed, patients were placed in supine position on the bed. The penis and scrotal area painted with savlon and povidon Iodine solution and patients catheterised with Foley’s triway N. Fr 20 aseptically after lubricating urethra with 2% xylocan jelly. The bladder evacuated fully by pressing suprapubically. The one irrigation channel of Catheter was connected to normal saline filling bottle and other connected to CVP manometer for recording the Intravesical pressure during filling phase.

The CVP manometer was either hanged to Drip stand at the level of symphysis pubis or was put at pubis symphysis vertically and saline bottle hanging on drip stand connected to Foley’s triway catheter with a drip set.
Patients were asked not to strain during the procedure and relax abdominal muscles completely the filling was done at a rate of about 50ml per minute. Patients were asked to inform when they felt first sensation of voiding (FS). At this point volume of saline filled so far noted and Intravesical pressure was also noted from CVP manometer, filling started and second reading was taken when pt. had definitive desire for voiding (TS) filling again started, and third reading (BC) was also taken when patient had uncontrolled desire for voiding.

The clinical Interpretation includes following parameters under normal circumstances.

**First Sensation**

In normal bladder, it occurs at a bladder volume of 50-150 ml with intravesical pressure of 2-3 cm of H₂O.

**True Sensation**

It occurs when the fluid volume is about 150-250 ml. and corresponding pressure recorded ranges from 4-5 cm of H₂O.

**Bladder Capacity**

The uncontrolled desire for voiding at volume of 350-450 ml with pressure of 8-9 cm of H₂O.